CONFIDENTIAL

NC DIVISION OF AGING
COMPLAINT TRACKING SYSTEM / CASE RECORD

1. Case Number: _____ Total # of Complainants per Case: _____ Quarter: __ Federal FY: _____ **2.** Region: __

3. County: _____ **4.** Facility Name: _____

5. Facility Code: _____ **6.** Date Complaint Received: __/__/____ **7.** Action Taken within:

8. Date Case Closed: __/__/____ **8a.** Previous Case Ref. #: _____ _____ __a. 1-4 days __c. 10-15 days

_____ _____ __b. 5-10 days __d. Over 15 days

9. Complaint Received via: __a. Phone __b. Visit __c. Mail _____ _____

__d. Referral __e. Other _____ _____

10. Complainant would like to remain anonymous: __Yes __No

11. Complainant's Name: _____ _____ __
Last Name **First Name** **M**

12. Complainant's Address: _____

_____

_____ ____ _____
City **ST** **Zip**

13. Complainant's Phone: **(Home)** _____ **(Business)** _____

14. Complainant is:

____a. Resident
____b. Friend
____c. Relative
____d. Ombudsman
____e. Facility Administrator
____f. Facility Staff
____g. CAC Member
____h. Rep. of other health or social service agency or pgm
____i. Other
____j. Unknown
____k. Non-relative guardian, legal representative
____l. Facility former staff
____m. Other medical: physician/staff
____n. Anonymous

15. Complainant is: (if other than resident)

Power of Attorney	__Yes	__No	__Unknown
Health Care Power of Attorney	__Yes	__No	__Unknown
Legal Guardian	__Yes	__No	__Unknown
Responsible Party	__Yes	__No	__Unknown

16. Resident's Name: _____ _____ __ **17.** Room No.: _____ **18.** Resident's Age: _____
Last Name **First Name** **M**

19. Resident's Source of Payment:

____a. Medicaid ____e. SCSA
____b. Medicare ____f. VA
____c. Private ____g. Unknown
____d. SSI

20. Resident's Race:

____a. White ____c. Native American
____b. Black ____d. Other

21. Resident's Communication Skills:

____a. Coherent
____b. Marked difficulty in oral, written or sign communication
____c. Unable to communicate
____d. Unknown

22. Resident is Visited:

____a. Several times a week
____b. Several times a month
____c. Infrequently
____d. Never
____e. Unknown

23. Resident's Length of Stay:

____a. Less than 2 months ____d. 1-3 years
____b. 2-6 months ____e. Over 3 years
____c. 6-12 months ____f. Unknown

24. Complaint Received by: _____

Title: _____

25. Appropriate Authorization Form Signed:

Resident Authorization Form (DHR-DOA 9113)	__Yes	__No
Complainant Authorization Form (DHR-DOA 9114)	__Yes	__No
Resident Oral Consent Form (DHR-DOA 9115)	__Yes	__No
Third Party Authorization Form (DHR-DOA 9116)	__Yes	__No
Complainant Oral Consent Form (DHR-DOA 9117)	__Yes	__No
Consent to Review Medical/Social Records (DHR-DOA 9118)	__Yes	__No

North Carolina Long-term Care Ombudsman Program
Complaint Summary Table

Column A:

A. Resident Care

A-1 Inadequate hygiene care
A-2 Bedsores, decubitus ulcers
A-3 Not dressed
A-4 Not turned
A-5 Not ambulated/no exercise
A-6 Improper restraint use
A-7 Unanswered call bells
A-8 Inadequate supervision of resident
A-9 Kept up too long
A-10 Improper accident procedures
A-11 Resident falls
A-12 Physical abuse
A-13 Mental abuse
A-14 Verbal abuse
A-15 Neglect (specify in narrative)
A-16 Dehydration
A-17 Physician not contacted
A-18 Staff attitudes
A-19 Contracture
A-20 Symptoms unattended
A-21 Toileting issues
A-22 Neglect of catheter/ NG tube
A-23 Wandering/accomodation

Lack/poor quality of:

A-24 Restorative nursing
A-25 Rehabilitation (OT,PT,ST)
A-26 Social Services
A-27 Dental
A-28 Diagnostic
A-29 Activities
A-30 Care Plan
A-31 Medical equipment
A-32 Clothing in poor condition
A-33 Other

B. Physician Services

B-1 Schedule of visits
B-2 Billing
B-3 Inaccessible/unresponsive
B-4 Diagnosis/treatment
B-5 Not responsive in emergency
B-6 Medicaid/Medicare acceptance
B-7 Other

C. Medications

C-1 Not given according to orders
C-2 Administered by inapproprate staff
C-3 Over-sedation
C-4 Shortage
C-5 Given against resident's will
C-6 Other

D. Financial

D-1 Billing/accounting wrong/denied
D-2 Access to own money denied
D-3 Not informed of charges
D-4 Misuse of personal finds by facility
D-5 Deposits/other money not returned
D-6 Personal Property lost, stolen, etc.
D-7 Other

E. Food/Nutrition

E-1 Cold
E-2 Unappetizing, little variety
E-3 Choices
E-4 Snacks
E-5 Not assisted in eating
E-6 Special diet not followed
E-7 Preferences not considered
E-8 No water available
E-9 Nutritionally poor

Food/Nutrition cont.

E-10 Religious preference not followed
E-11 Insufficient amount
E-12 Unsanitary
E-13 Not received in a timely manner
E-14 Lack of utensils
E-15 Other

F. Administrative

Policies/Procedures/Attitudes/Resources

F-1 Abuse investigation/reporting
F-2 Administrator unresponsive
F-3 Grievance procedure
F-4 Inappropriate record keeping
F-5 Insufficient funds to operate
F-6 Operator inadequately trained
F-7 Offering inappropriate level of care
F-8 Admission procedures
F-9 Admission refused due to Medicaid
F-10 Discharge plans/procedures
F-11 Improper placement
F-12 Transfer due to Medicaid status
F-13 Other improper transfer
F-14 Bed not held
F-15 Room changes/assignment
F-16 Roommate conflict
F-17 Medical transportation
F-18 Laundry procedures

Staffing

F-19 Understaffing
F-20 Improper use of staff
F-21 Language barrier with staff
F-22 Inadequate staff training
F-23 Staff turnover
F-24 Over-use of nursing pools
F-25 Staff unresponsive
F-26 Supervision of staff
F-27 Other

G. Other Resident Rights Issues

G-1 Restrictions on right to complain
G-2 Religious rights restricted
G-3 Civil liberties restricted
G-4 Social activities restricted
G-5 Medicaid discrimination (other than admission/transfer)
G-6 Religious discrimination
G-7 Race discrimination
G-8 Gender discrimination
G-9 Sexual orientation discrimination
G-10 Not informed of condition
G-11 Not informed of rights/policies
G-12 Confidentiality of records
G-13 Access to own records
G-14 Denied rights
G-15 Visiting hours
G-16 Mail opened
G-17 Mail not received
G-18 No phone privacy
G-19 Not treated with respect/dignity
G-20 Physical abuse by other resident
G-21 Verbal abuse by other resident
G-22 Use of possessions restricted
G-23 Kept in facility against will
G-24 Access to ombudsman
G-25 Access to facility survey
G-26 Choice of personal physician
G-27 Denied right to refuse treatment
G-28 Retaliation due to complaints
G-29 Other

H. Building/Sanitation/Laundry

H-1 Cleanliness
H-2 Safety factors (rails,exits,etc.)
H-3 Offensive odors
H-4 Appearance
H-5 Pests
H-6 Bathrooms
H-7 Linens
H-8 Handicap accessibility
H-9 Bed, bedside equipment
H-10 Storage space

North Carolina Long-term Care Ombudsman Program
Complaint Summary Table

Building/Sanitation/Laundry cont.

H-11 Supplies
H-12 Heating
H-13 Cooling, ventilation
H-14 Lighting
H-15 Water temperature
H-16 Space for activities/dining
H-17 Infection control
H-18 Other

I. Not Against Facility

Certification/Licensure/Monitoring

I-1 Access to information
I-2 Response to complaint(s)
I-3 Decertification/facility closure
I-4 Sanctions/penalties
I-5 Survey process
I-6 Survey process-ombudsman participation
I-7 Staff attitudes

Medicaid Agencies (DMA/DSS)

I-8 Access to Medicaid/application
I-9 Denial of eligibility
I-10 Non-covered services
I-11 Personal needs allowance
I-12 Discharge hearing/appeal rights

Other Systems

I-13 Abuse by family member/friend/guardian or any other person
I-14 Bed shortage-placement/lack of options
I-15 Family conflict
I-16 Financial exploitation by other than facility
I-17 Guardianship
I-18 Power of Attorney
I-19 Wills
I-20 Medicare
I-21 PASARR
I-22 Adult protective services/response, access
I-23 SSI, Social Security
I-24 VA Benefits
I-25 Private Insurance
I-26 Other

Column B: Complaint Against:

Code:

1 Nursing Facility
2 Adult Care Home
3 Regulatory Agency
4 Reimbursement Agency
5 Family/Guardian/Friend
6 Other

Column C: Complaint Investigated By:

Code:

1 Ombudsman
2 Community Advisory Committee
3 Ombudsman and other agencies
4 Division of Facility Services
5 Adult Home Specialist
6 Adult Protective Services
7 Other

Column D: Action taken on complaint:

Code:

1 Resolved
2 Partially resolved
3 Not resolved
4 Withdrawn
5 Not verified/substantiated
6 Active/open
7 Not resolved/Legislative action needed

NC DIVISION OF AGING
COMPLAINT TRACKING SYSTEM / CASE RECORD

Case Number: _____

26. Complaint Summary Table:

Complaint Number	A Complaint Category	B Complaint Against	C Complaint Investigated by	D Action Taken On Complaint
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

NC DIVISION OF AGING
COMPLAINT TRACKING SYSTEM / CASE RECORD

27. Complaint Narrative Table:

NC DIVISION OF AGING
COMPLAINT TRACKING SYSTEM / CASE RECORD

28. Summary of action taken on complaint: